

SFSP Daily Meal Count: Open and Enrolled Sites



Sponsor _____ Site _____ Site Supervisor _____

Meal Type (Circle)

Breakfast

Lunch

Snack

Supper

Date _____

Total Meals Available
(Prepared/Received/Leftover)

First [Reimbursable] Meals Served to Children

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

Total First [Reimbursable] Meals Served

Second Complete Meals Served to Children

1 2 3 4 5 6 7 8 9 10

Total Second Meals Served

Meals to Program Adults

1 2 3 4 5 6 7 8 9 10

Total Program Adult Meals Served

Meals to Nonprogram Adults

1 2 3 4 5 6 7 8 9 10

Total Nonprogram Adult Meals Served

Damaged/Incomplete Meals

Total Leftover Meals

Site Supervisor Signature _____

(I certify that the above information is true and accurate)

SFSP Sponsors: Keep this form in your SFSP records.

Ref: 2015 Administrative Guide for Sponsors Pg. 97